

HAND
DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

FORM A

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2008 MAY 15 PM 5:26

MAXINE WATERS

(Full Name)

(213) 489-4792

(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Filer Status ☒ Member of the U.S. House of Representatives

State: CA District: 35

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name MAXINE WATERS

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
STATE OF CALIFORNIA	Legislative Pension	\$5,262
ICO VERMONT LP	Spouse Consulting Fee	N/A
BUCHANAN INGERSOLL & ROONEY	Spouse Consulting Fee	N/A
ICO DEVELOPMENT LLC	Spouse Consulting Fee	N/A

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For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MAXINE WATERS

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BLOCK A		BLOCK B													BLOCK C								BLOCK D											BLOCK E
Asset and/or Income Source		Year-End Value of Asset													Type of Income								Amount of Income											Transaction
		A	B	C	D	E	F	G	H	I	J	K	L	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI			
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000								None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000			
SP, DC, JT	549 So. Lucerne Blvd., LA 701 W. BARSTOW: PALM SPRINGS, CA																																	
SP	MERRILL LYNCH MONEY MKT. (IRA)																																	
	EVERGREEN MID CAP FUND (RAD)																																	
	MERRILL LYNCH CAP FUND (IRA)																																	
	GLOBAL ALLOCATION FUND (IRA)																																	
SP	MER. LYNCH MONEY MKT. (IRA)																																	
SP	US TREASURY TIGER SER. I (IRA)																																	
SP	MERRILL LYNCH CAP FUND (IRA)																																	
SP	GLOBAL ALLOCATION FUND (IRA)																																	
SP	SMALL CAP WORLD FUND (IRA)																																	
SP	SCUDER CA TAX FREE FUND																																	
SP	MER. LYNCH MONEY MARKET																																	
SP	MER. LYNCH CAP. FUND																																	
SP	GLOBAL ALLOCATION FUND																																	
SP	CMA FUND																																	
SP	MERRILL LYNCH MONEY MKT.																																	
SP	ECI HOLDING, INC.																																	
	MASSACHUSETTS MUTUAL																																	
SP	BLACKROCK GLOBAL ALL. FUND																																	
SP	CW GOLF PARTNERS																																	

SCHEDULE V - LIABILITIES

Name MAXINE WATERS

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	CONGRESSIONAL FEDERAL CREDIT UNION	REVOLVING CHARGE ACCOUNT	\$10,001 - \$15,000
JT	WASHINGTON MUTUAL	MORTGAGE ON 549 S. LUCERNE BLVD.; LOS ANGELES, CA	\$1,000,001 - \$5,000,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name MAXINE WATERS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
APRIL 4TH FOUNDATION, INC	April 4-5	LA-Memphis-LA	Y	Y	N	None
OLD JERUSALEM MISSIONARY	April 21-22	DC-Havana, FL-DC	Y	Y	N	None
WILEY COLLEGE	May 11-12	DC-Marshall, TX-St. Louis	Y	Y	Y	None
LETS START INC.	July 20-21	DC-St. Louis-DC	Y	Y	N	None
NO. CHARLESTON NAACP	Sept. 21-22	LA-Charleston, SC-LA	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name MAXINE WATERS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Black Women's Forum
Director	Gourmet Services
Director	Minority AIDS Project
Director	Clara Elizabeth Jackson Carter Foundation, Spellman College
Director	African American 2000 and Beyond